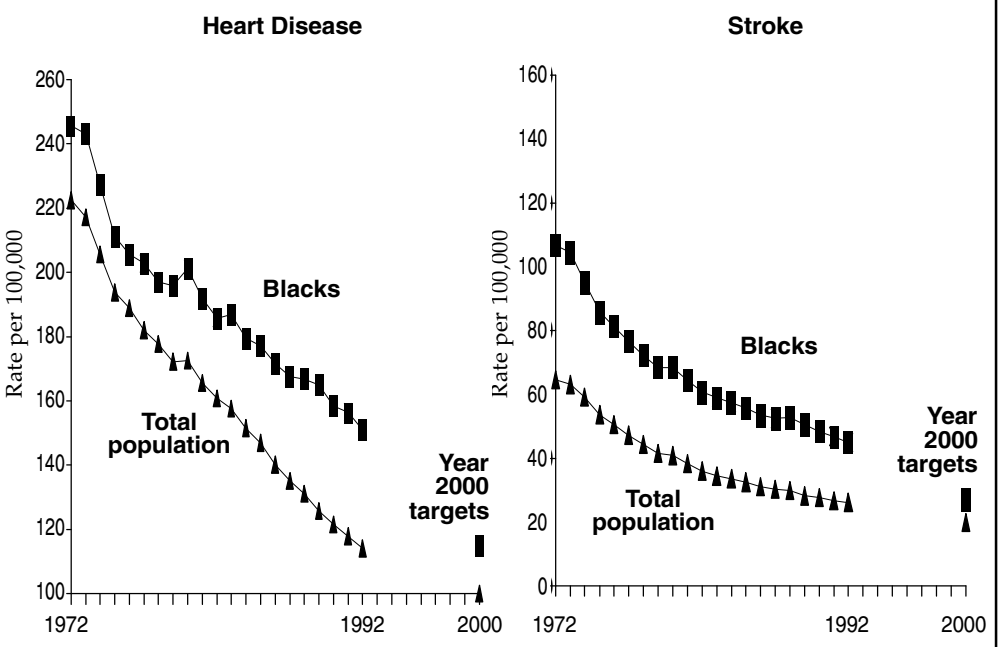
PROGRESS REPORT FOR: Heart Disease and Stroke

ON APRIL 11, 1995, the Public Health Service (PHS) conducted the second review of progress on HEALTHY PEOPLE 2000 objectives for Heart Disease and Stroke. The lead agency for this priority area is the National Institutes of Health (NIH) National Heart, Lung, and Blood Institute (NHLBI). Other PHS participants in the progress review included the Deputy Assistant Secretary for Health Communications, Executive Director of the President's Council on Physical Fitness and Sports, and staff of the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention (CDC). They were joined for the review by invited guests from Brown University Department of Medicine, First Baptist Church (Ennix-Jones Center) of Nashville, Harlem Hospital Center, University of Texas Center for Human Nutrition, Washington Hospital Center, Rush Presbyterian St. Luke's Medical Center, Idaho Department of Health, Howard University School of Communication, and Northwestern University Medical School.

Age-Adjusted Death Rates for Coronary Heart Disease and Stroke



Source: CDC/NCHS Vital Statistics

The Director of NHLBI provided an overview, which highlighted the tremendous strides the United States has made over the past two decades in reducing mortality due to heart disease and stroke. As shown in the figure above, between 1972 and 1992 the coronary heart disease death rate declined about 49 percent and stroke death rate declined about 58 percent. Prevention—lifestyle improvements and better control of the risk factors for cardiovascular disease—has been a major factor in these declines. Key to this success has been the focus on science-based strategies in which research findings are translated and applied to clinical and public health practice.

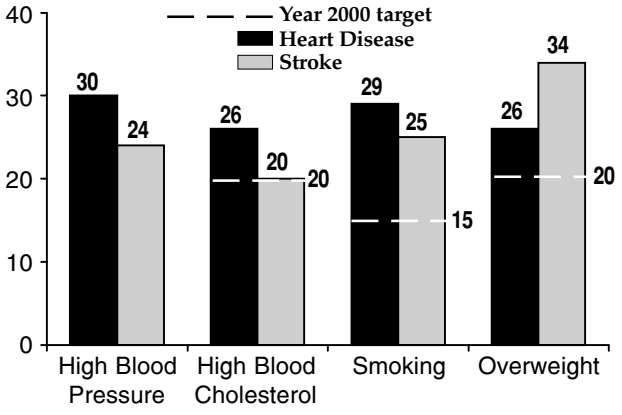
Despite these gains, heart disease continues to be the leading cause of death in the United States, and stroke is the third leading cause (objectives 15.1 and 15.2). In 1992, these age-adjusted death rates were 114 and 26.4 per 100,000 population, respectively. For black Americans, coronary heart disease deaths were 151 per 100,000 and stroke deaths were 45 per 100,000 in 1992. Of related concern, particularly for blacks, diabetic patients, and older adults, is the trend away from the year 2000 target for end-stage renal disease (objective 15.3). Between 1987 and 1990, incidence of end-stage renal disease increased from 13.9 to 14.4 per 100,000 for the total population, and 34 to 43 per 100,000 for blacks.

The strategy for continued improvement in heart disease and stroke is a two-pronged approach to reduce risk. This includes a public health strategy to reduce disease risk factors in the general population. Complementing the population-based approach is a high-risk approach using the medical model to improve identification and treatment of individuals who are at increased risk for heart disease and stroke through treatment guidelines for health care providers and patient education materials. For many years the PHS has worked in collaboration with private sector partners on two such initiatives, the National High Blood Pressure Education Program and the National Cholesterol Education Program.

There are many indicators that this strategy has met with success. The prevalence of high blood pressure, high blood

cholesterol, and cigarette smoking have declined. Improvements have been shown in the control of hypertension. The number of people who know their blood pressure increased from 61 percent to 76 percent between the 1985 baseline and 1990 (objective 15.13). Among persons who have high blood pressure, those who are aware of, being treated for, and have their blood pressure under control improved between 1976-80 and 1988-91 (objective 15.4). Awareness increased from 51 to 73 percent, those under treatment increased from 31 to 55 percent, and those under control increased from 10 to 24 percent. Positive trends are also evident for prevalence of high blood cholesterol (objectives 15.6 and 15.7). The prevalence of total cholesterol of 240 mg/dL or greater has dropped from 26 percent in 1976-80 to 20 percent in 1988-91, hence reaching the year 2000 target. In addition, mean cholesterol levels have declined in adult males from 211 to 205 mg/dL and in adult females from 215 to 205 mg/dL between 1976-80 and 1988-91. Although the rate of cigarette smoking has declined substantially over the past decade, some minority populations have not experienced comparable decreases.

Prevalence of Modifiable Risk Factors for Heart Disease and Stroke



Source: NHANES II (1976–80) and NHANES III (1988–91) for high blood pressure, cholesterol, and overweight data, NHIS (1987 and 1993) for smoking data

Smoking remains among the chief preventable causes of cardiovascular diseases.

In contrast to the trends described above, the risk factors of overweight (objective 15.10) and inactivity (objective 15.11) have both increased. One-third of the U.S. adult population is overweight, and in some minority groups, particularly among women, nearly half are overweight. Participants discussed the need to involve individuals and communities in the design of programs that will fit their needs, increase the emphasis on a positive approach for both diet and physical activity, and take into account the importance of building in a social support system (involving the entire family) to maintain success. It was also suggested that nutrition labeling on food products would help educate consumers, and the health benefits of participating in moderate physical activity might serve in motivating those who are currently sedentary.

The discussion also emphasized the continuing challenge of reaching various segments of the population, such as minorities and persons of low socioeconomic status, for whom the burden of heart disease and stroke remain higher than the overall population. Innovative outreach strategies that emphasize fundamental lifestyle issues need to be tailored in bold ways to have an increased impact. One program, in which children wrote letters to their adult relatives asking them to stop smoking, was described as having a very powerful impact.

The progress review concluded with a summary of action items for pursuing HEALTHY PEOPLE 2000 objectives for Heart Disease and Stroke. These include scientific and clinical efforts to sustain the accomplishments of the past few decades in reducing disease, more specifically: developing a plan to increase attention to the areas of weight control and physical activity; developing a strategy focused toward youth for translation of prevention research to adoption of a healthy lifestyle; adding a new subobjective in the midcourse review of HEALTHY PEOPLE 2000 aimed at increasing blood pressure control for older women; and developing a strategy by which to increase the availability of graduate education and training in health promotion and disease prevention risk factors. Increasing partnership activities include: developing a plan for collaboration with States and other partners to ensure that grants are designed to fit community needs and summarizing successful community prevention and intervention programs. In the communications area, follow-up includes: convening a workshop designed to share strategies about effective communications with minority audiences.

Public Health Service Agencies

Agency for Health Care Policy and Research
Agency for Toxic Substances and Disease Registry
Centers for Disease Control and Prevention
Food and Drug Administration
Health Resources and Services Administration
Indian Health Service
National Institutes of Health
Substance Abuse and Mental Health Services Administration
Office of the Surgeon General

HEALTHY PEOPLE 2000 Coordinator

Office of Disease Prevention and Health Promotion
738G Humphrey Building
200 Independence Avenue SW.
Washington, DC 20201
202–205–8611
FAX: 202–205–9478

Philip R. Lee, M.D.
Assistant Secretary for Health